

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016916

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4232

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

St. Louis

c. CITY  
OR  
TOWN

Kirkwood,

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

804 S. Kirkwood Rd.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

PAUL

RAY

JARDO

4. DATE  
OF  
DEATH

Month

Day

Year

APRIL

24

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-24-1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

Chrysler Corp.

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Paul Jardo

13b. MOTHER'S MAIDEN NAME

Daphne Groves

14. NAME OF HUSBAND OR WIFE

Virginia Jardo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virginia Jardo 804 S. Kirkwood Rd.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MONOCYTIC LEUKEMIA

Kirkwood, Mo.

INTERVAL BETWEEN  
ONSET AND DEATH

3 MONTHS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 12, 1962 to APRIL 24, 1962 and last saw her alive on APRIL 24, 1962

Death occurred at 5:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

4/24/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

4-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Rose Lawn Memorial Cemetery

23d. LOCATION (City, town, or county)

Henderson, Kentucky

24. FUNERAL DIRECTOR

ADDRESS

Pfzinger Mort.-Kirkwood, 22, Mo.

25. DATE RECD. BY LOCAL REG.

APR 24 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert J. Lee Jr.*

Licensed Embalmer No. 4800

P. O. Address

*Highwood 22 Mrs.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.